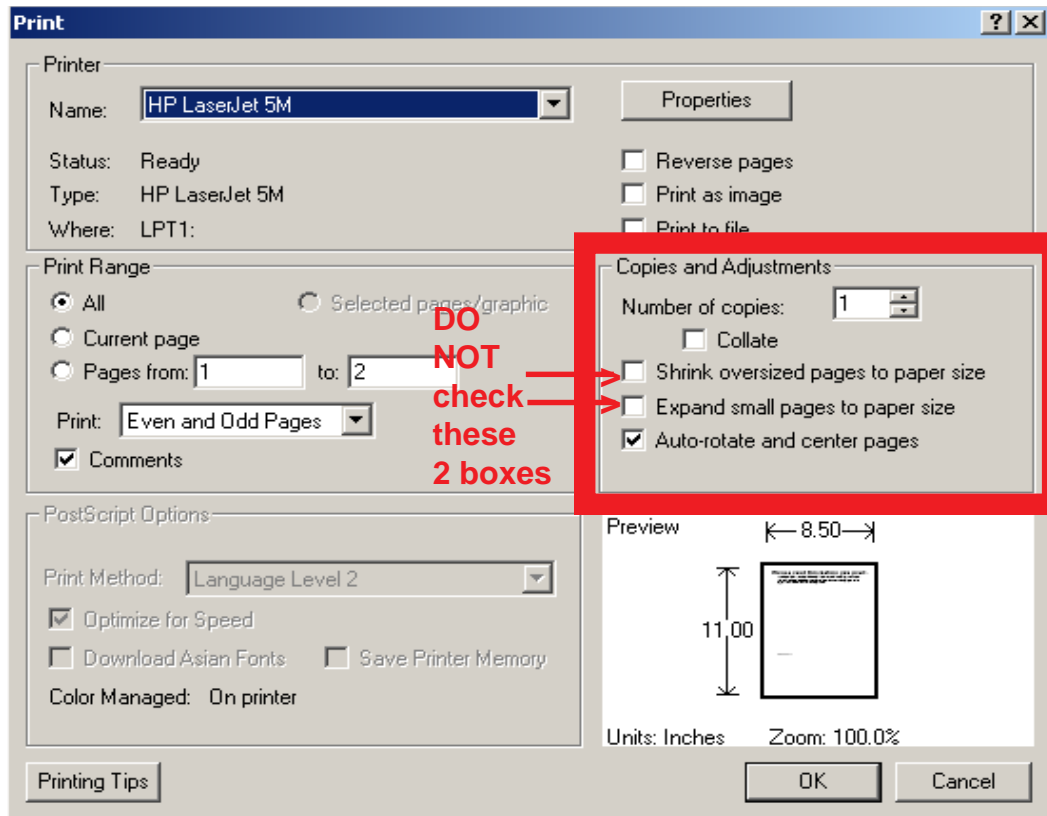


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box "Auto-rotate and center pages." Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Nursing Pool Application Packet

1. 650-003 Contents List/SSN Information/Deposit Slip 1 page
2. 650-002 Instructions for Nursing Pool Registration Application 2 pages
3. 650-001 Application for Nursing Pool Registration 4 pages
4. Letter to Nursing Pool Registrants 1 page
5. Chapter 18.52C RCW Nursing Pools 2 pages

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your *application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below. The back of the Deposit Slip **must** be blank.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099**.

 **Cut along this line and return the form below with your completed application and fees.** 

Nursing Pool Registration

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section

P.O. Box 1099

Olympia, Washington 98507-1099

Please note amount enclosed, and return
with your application.

\$

☐ Check No. _____
☐ Money Order

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Washington State Department of
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

Nursing Pool Registration Instructions

It is important that the application is completed in full, either typed or clearly printed. This will avoid any delay in the registration process.

Section 1

- A. Type or print clearly, name of business, street address (not PO Box), and telephone number.
- B. List name(s), address(es), and titles(s) of owner(s). (Attach additional 8 1/2 X 11 sheet if necessary.)
- C. Multiple locations: If the Nursing Pool operates at more than one location, provide name and location address for each. Each location must have a separate registration. Additional forms are available from the Department of Health.
- D. Type of Business: Check appropriate box.
 - 1. If corporation, enter corporate Certificate Number and attach copy of Articles of Incorporation and current By-Laws. If corporation is out of state, you will need to send a copy of the form titled "Certificate of Authority to do Business in Washington" as on file with the Washington State Secretary of State's Office and copy of current By-Laws.
 - 2. Sole Proprietor: State name and address.
 - 3. Partnership: State name and address of each partner.
 - 4. Corporation: State name, address, and title of each officer.

Section 2

Personal Data Questions. The owner(s) must complete each question. If there is more than one owner (Corporations), each officer must complete this page.

Section 3

Liability Insurance: Please check the appropriate box(es) and provide proof of liability insurance. Without proof, your application cannot be processed.

Section 4

Criminal Background Checks: Please check the box if you have complied with this requirement or intend to comply prior to referring any health care workers.

Section 5

Refer to WAC 246-845-090. You must check this box to verify that you have complied or will comply before referring any health care workers, to all of the listed pre-employment or post-employment standards.

Section 6

Applicant Affirmation: Read carefully. Each owner, partner or corporate officer is to sign and give title.

Section 7

Quality Assurance Standards Affidavit: Read carefully. Each owner, partner or corporate officer is to sign and give title.

Fees:

Attach the application fee of \$100.00 by check or money order made payable to the Department of Health, Revenue Section. **Do Not send cash.**

Return of Application:

Return the application, fee and all supporting documents to:

Department of Health
Nursing Pool Registration
PO Box 1099
Olympia, WA 98507-1099

(360) 236-4706

Registration Renewal Information:

The expiration date of your registration will be one year from the date of issuance. A courtesy reminder will be mailed to you at the address of record 45 days prior to the expiration date of your registration. For this reason, it is important to keep this office advised of any address changes to ensure receipt of this notice. However, it is the registrants responsibility to maintain a current valid registration and avoid any late renewal penalty fees.

If for whatever reason you do not receive a courtesy renewal reminder or misplace it, write down the name of the Nursing Pool, your license number, address and enclose your renewal fee. If there are any address changes, indicate both your old address and new address. The annual renewal fee is \$115.00.

Change of Ownership:

If the ownership changes you must submit a new application and application fee for each office. Contact the Department of Health at the address above for a new packet.



Washington State Department of
Health
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

For Office Use Only

REGISTRATION NUMBER

DATE GRANTED

REGISTRATION #

Application For Nursing Pool Registration

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

All applications must be accompanied by applicable fee (fees are nonrefundable). For applicable fee, please see instructions. Mail remittance payable to Department of Health, Revenue Section.

1. Demographic Information

BUSINESS NAME		BUSINESS TELEPHONE NUMBER ()	
BUSINESS MAILING ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP	COUNTY
OWNER'S NAME: LAST	FIRST	MIDDLE INITIAL	

OWNER'S MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY

TITLE

Note: If more than one owner, attach 8 1/2 X 11 sheet providing full name, title and address of each individual.

Does Nursing Pool operate in any location(s) different from above? _____ ☐ Yes ☐ No

If **yes**, provide name and location address. (Each location is required to obtain separate registration.)

NAME	LOCATION

Type of Business: ☐ Corporation ☐ Sole Owner ☐ Partnership ☐ Association

Corporation Certification Number:

Articles of Incorporation with Secretary of State verification and By-Laws must be submitted with application.

If a corporation, state names and titles of officers with location addresses. Attach an additional 8 1/2 X 11 sheet to list all names and addresses.

NAME AND TITLE	LOCATION ADDRESS

If partnership, state names and location addresses of each partner.

NAME	LOCATION ADDRESS

2. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs? ☐ ☐

b. a charge of a sex offense? ☐ ☐

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐

b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐

c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

3. Liability Insurance (Copy of policy must be attached)

Each nursing pool shall carry professional and general liability insurance in the amount of \$1 million dollars per occurrence for each person who delivers patient care services. The policy must show coverage using one of the following methods. **Please indicate which method your policy reflects and include a copy of your policy.**

- ☐ The nursing pool maintains insurance coverage in the amount indicated for the nursing pool itself and its employees or agents; or,
- ☐ The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated and only refers self-employed, independent contractors who must maintain their own professional and general liability insurance coverage in the amount indicated. Written evidence of such insurance shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

4. Criminal Background Check

RCW 18.52C.040(5) requires, "each nursing pool shall conduct a criminal background check on all employees and independent contractors as required under RCW 43.43.842 prior to employment or referral of the employee or independent contractor." The Department of Health may audit records to determine compliance.

- ☐ The nursing pool has complied with the criminal background checks on all employees and independent contractors or will comply immediately after registration before referring any health care providers

5. Quality Assurance Standards

WAC 246-845-090 requires all nursing pools to comply with quality assurance standards. This rule also requires that the nursing pool maintain evidence of compliance for up to three years to be made available upon inspection. The Department of Health may request evidence during the application process or during a random audit following registration.

- ☐ The Nursing Pool has complied with or intends to comply with all of the following quality assurance standards before referring any health care provider.
 - Establish a prehire/precontract screening procedure which includes the following:
 - ✓ Written or verbal verification of two references;
 - ✓ Written verification of a health care worker's unrestricted credential;
 - ✓ Written verification of any certification in clinical areas;
 - ✓ Written verification of current cardiopulmonary resuscitation certification;
 - ✓ Written health screening plan that assures health care worker is free of tuberculosis, physically able to perform the job duties and compliance with OSHA regulations regarding the HBV virus;
 - ✓ Compliance with RCW 43.43.830 regarding criminal history disclosure and background inquiries.
 - Establishment of a post-hire/post-contract procedure which includes the following:
 - ✓ Written procedure for orientation of all new hires/contractors;
 - ✓ Written performance evaluation plan to include written evaluations from facilities;
 - ✓ Written continuing education program for personnel/contractors.
 - Compliance with state and federal wage and labor laws and federal immigration laws.

6. Applicant Affirmation

Read carefully. Each owner, partner or corporate officer is to sign and provide title.

This is to certify that the information provided in this application is true and complete; that I have read 18.130.170 and 18.130.180 RCW of the Uniform Disciplinary Act; and that any supporting documentations is, to the best of my knowledge, factual and complete. I understand that the Department may require additional information from me prior to making a determination regarding my registration, and may independently validate conviction records with official state and federal databases.

Dated this _____ day of _____, 20_____.

If partnership, all partners are to sign. If corporation; all corporate officers are to sign and state title.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

7. Quality Assurance Standards Affidavit

Read carefully. Must be signed by owner, partner or corporate officer and provide title. Affidavit must be submitted with the application and fee.

This is to certify that I have read WAC 246.845.090 of the Law Relating to Nursing Pools 18.52C RCW and that as a registered nursing pool shall comply with the quality assurance standards as outlined. Evidence of compliance with the standards shall be retained by the nursing pool and will be made available for inspection by the Department of Health.

Dated this _____ day of _____, 20 _____.

Business Name: _____

Location Address: _____

If partnership, all partners are to sign. If corporation; all corporate officers are to sign and state title.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

FEES: Attach the application fee of \$100.00 by check or money order made payable to the Department of Health, Revenue Section. **Do Not** send cash.

Return Application And Fee To:

Department of Health
Nursing Pool Registration
P.O. Box 1099
Olympia, WA 98507-1099

Official Use Only

Washington State Records Center



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

Dear Nursing Pool Owner:

The 1997 Legislature amended RCW 18.52C, a statute which affects Nursing Pools. Attached for your information is a copy of the amended statute. See Sections 527 and 528, subsection (5). Nursing Pools are now required to conduct criminal background checks on all employees and independent contractors.

You may wish to obtain a copy of RCW 43.43.842 from a law library or the Code Reviser's Office. This statute will provide more information about criminal background checks. The Code Reviser's Office may be contacted at 360-753-6804 or by accessing their WEB site at www.leg.wa.gov/soc.

If you have any questions, feel free to contact the Customer Service Center at 360-236-4700.

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Chapter 18.52C RCW

NURSING POOLS

SECTIONS

- 18.52C.010 Legislative intent.
- 18.52C.020 Definitions.
- 18.52C.030 Registration required.
- 18.52C.040 Duties of nursing pool—Application of uniform disciplinary act—Criminal background checks.
- 18.52C.050 Registration prerequisite to state reimbursement.

RCW 18.52C.010 Legislative intent. The legislature intends to protect the public's right to high quality health care by assuring that nursing pools employ, procure or refer competent and qualified health care or long-term care personnel, and that such personnel are provided to health care facilities, agencies, or individuals in a way to meet the needs of residents and patients. [1997 c 392 § 526; 1988 c 243 § 1.]

NOTES: Short title—Findings—Construction—Conflict with federal requirements—Part headings and captions not law—1997 c 392: See notes following RCW 74.39A.009.

RCW 18.52C.020 Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

- (1) "Secretary" means the secretary of the department of health.
 - (2) "Health care facility" means a nursing home, hospital, hospice care facility, home health care agency, hospice agency, boarding home, group home, or other entity for the delivery of health care or long-term care services, including chore services provided under chapter 74.39A RCW.
 - (3) "Nursing home" means any nursing home facility licensed pursuant to chapter 18.52 RCW.
 - (4) "Nursing pool" means any person engaged in the business of providing, procuring, or referring health care or long-term care personnel for temporary employment in health care facilities, such as licensed nurses or practical nurses, nursing assistants, and chore service providers. "Nursing pool" does not include an individual who only engages in providing his or her own services.
 - (5) "Person" includes an individual, firm, corporation, partnership, or association.
 - (6) "Adult family home" means a residential home licensed pursuant to chapter 70.128 RCW.
- [2001 c 319 § 3; 1997 c 392 § 527; 1991 c 3 § 130; 1988 c 243 § 2.]

NOTES: Short title—Findings—Construction—Conflict with federal requirements—Part headings and captions not law—1997 c 392: See notes following RCW 74.39A.009.

RCW 18.52C.030 Registration required. A person who operates a nursing pool shall register the pool with the secretary. Each separate location of the business of a nursing pool shall have a separate registration.

The secretary shall establish administrative procedures, administrative requirements, and fees as provided in RCW 43.70.250 and 43.70.280. [1996 c 191 § 28; 1991 c 3 § 131; 1988 c 243 § 3.]

RCW 18.52C.040 Duties of nursing pool — Application of uniform disciplinary act — Criminal background checks. (1) The nursing pool shall document that each temporary employee or referred independent contractor provided or referred to health care facilities currently meets the applicable minimum state credentialing requirements.

(2) The nursing pool shall not require, as a condition of employment or referral, that employees or independent contractors of the nursing pool recruit new employees or independent contractors for the nursing pool from among the permanent employees of the health care facility to which the nursing pool employee or independent contractor has been assigned or referred.

(3) The nursing pool shall carry professional and general liability insurance to insure against any loss or damage occurring, whether professional or otherwise, as the result of the negligence of its

employees, agents or independent contractors for acts committed in the course of their employment with the nursing pool: PROVIDED, That a nursing pool that only refers self-employed, independent contractors to health care facilities shall carry professional and general liability insurance to cover its own liability as a nursing pool which refers self-employed, independent contractors to health care facilities: AND PROVIDED FURTHER, That it shall require, as a condition of referral, that self-employed, independent contractors carry professional and general liability insurance to insure against loss or damage resulting from their own acts committed in the course of their own employment by a health care facility.

(4) The uniform disciplinary act, chapter 18.130 RCW, shall govern the issuance and denial of registration and the discipline of persons registered under this chapter. The secretary shall be the disciplinary authority under this chapter.

(5) The nursing pool shall conduct a criminal background check on all employees and independent contractors as required under RCW 43.43.842 prior to employment or referral of the employee or independent contractor. [1997 c 392 § 528; 1991 c 3 § 132; 1988 c 243 § 4.]

NOTES: Short title—Findings—Construction—Conflict with federal requirements—Part headings and captions not law—1997 c 392: See notes following RCW 74.39A.009.

RCW 18.52C.050 Registration prerequisite to state reimbursement. No state agency shall allow reimbursement for the use of temporary health care personnel from nursing pools that are not registered pursuant to this chapter: PROVIDED, That individuals directly retained by a health care facility without intermediaries may be reimbursed. [1988 c 243 § 5.]